

Name of Person Filing: _____
Your Address: _____
Your City, State, Zip code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR
Attorney for ☐ Petitioner OR ☐ Respondent

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(Name of Petitioner)

Case No. _____

APPLICATION AND AFFIDAVIT FOR DEFAULT IN FAMILY COURT CASES

(Name of Respondent)

NOTICE: THIS IS AN IMPORTANT COURT DOCUMENT. When this document is properly completed and filed, Default has been applied for and entered. The Default will be effective ten (10) working days after the filing of this completed document, unless the Respondent files an Answer/Response or otherwise defends before the ten working day period expires.

1. I am the Petitioner in this court case. I understand and make the following statements under oath or by affirmation. I give notice that I am requesting entry of default against the other party, the Respondent, because the Respondent has **not** filed an Answer/Response.
2. Service of the court papers on Respondent has been accomplished as follows: (check **ONLY** one box)
☐ The Respondent has signed an **"Acceptance of Service"** and has accepted service of the **"Summons,"** Complaint or Petition and other papers. The Respondent has **not** filed an **"Answer/Response"**, or otherwise appeared or defended in this court case. Default may be entered.

OR

☐ I have served the Respondent according to law with the **"Summons,"** Complaint or Petition and other papers. Respondent has **not** appeared, answered, responded or otherwise defended in the time required by law.
3. The Respondent is either **not** in the active military service of the United States or has otherwise waived his/her rights under the Service Members Civil Relief Act (formerly "Soldiers and Sailor's Civil Relief Act").
4. By completing the Certificate of Mailing (on the next page), I certify to the Court that I have mailed a copy of this **Application and Affidavit** to the Respondent at his or her last known address *even if that is my own address*) and if applicable, to his or her attorney as notice that I have applied for default.

CERTIFICATE OF MAILING

As required by Arizona Rules of Court (A.R.C.P. 55(a) and A.R.F.L.P. 44(A)).

On (date) _____ **20** _____, a copy of this ***Application and Affidavit for Default*** was mailed postage-prepaid to the Respondent* at his/her:

☐ current address, OR ☐ **last known** address** of:

(street and number, including the apartment number, city and state, and zip code)

* Mailing to current or last known address **must** be done even if last known address is ***your*** address and/or you ***know*** the Respondent is no longer at the last known address.

** Mail to "last known address" ***only if***:

1. Current address is unknown,
2. Notice was originally served by publication, **and**
3. Respondent is not represented by attorney.

☐ (If applicable)
I believe the Respondent whom I believe to be in default is represented by an attorney and have ***also*** mailed a copy of this ***Application and Affidavit for Default*** to that attorney.

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Signature

Date

Affirmed before me this: _____

(Date)

by _____

Printed Name of Person Who Signed

My Commission Expires:
or Seal (below) : _____

Deputy Clerk or Notary Public

WARNING

1. If the Respondent fails to file a responsive pleading or otherwise defend in this action within **10 working days** after the filing of this Application, A DEFAULT JUDGMENT MAY BE ENTERED.
2. The Petitioner must still attend the default hearing at the court.
3. A DEFAULT HEARING WILL **NOT** BE SCHEDULED IF THIS APPLICATION AND AFFIDAVIT FOR DEFAULT IS MISSING INFORMATION OR NOT COMPLETED CORRECTLY.